

VENDOR PERFORMANCE REPORT

Office of State Procurement

Date: __/__/__

Instructions for State Agency Use: AGENCY: Complete this form to report unsatisfactory or exceptional vendor performance. The first copy of this form is to be sent to the Office of State Procurement, <u>second copy is sent to the vendor</u> , third copy is retained by your agency.					
Purchase Order No.	Date Issued	State Contract No.	Delivery Requirement _____ Days _____ Weeks		
Agency Name and Address			Vendor Name and Address		
Nature of Report	Late Delivery <input type="checkbox"/>	Unauthorized Substitution <input type="checkbox"/>	Quality not in accordance with contract specifications <input type="checkbox"/>	Exceptional Performance <input type="checkbox"/>	Other (Explain) <input type="checkbox"/>
<input type="checkbox"/> Request Office of State Procurement to take necessary action					
Detailed Explanation: Be specific, attach additional sheets if more space is needed)					
Agency Report Initiated by: _____ (Name) (Title) (Date) (Phone #) (Email Address)					
Vendor: Upon receiving a copy of this report, you are requested to respond in writing within 7 calendar days to: STATE OF ARKANSAS OFFICE OF STATE PROCUREMENT OR e-Mail to OSP@dfa.state.ar.us P.O.BOX 2940 LITTLE ROCK, AR 72203 ATTN:					
Vendor Response to Agency Explanation: (Attach additional sheets if more space is needed)					
Vendor Response by: _____ (Name) (Title) (Date) (Phone #) (Email Address)					
Final Disposition: (To be completed by State Procurement) <input type="checkbox"/> Resolved, agency/vendor records retained for future reference. <input type="checkbox"/> Filed, purchasing information and vendor's performance records.					
(Name) (Title) (Date)					
First Copy-Send to State Procurement, 2nd Copy-Send to Vendor, 3rd Copy-Agency Copy					